

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031489

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51								
2	1						52								
3	1						53								
4	1						54								
5	1						55								
6	1						56								
7	1						57								
8	1						58								
9	1						59								
10	1						60								
11	1						61								
12	1						62								
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18	1						68								
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41	1						91								
42	1						92								
43	1						93								
44	1						94								
45	1						95								
46	1						96								
47	1						97								
48	1						98								
49	1						99								
50	1						100								
TOT. IND.	2						TOTAL IND.								
TOT. DEP.	31						TOTAL DEP.								
TOT. CL.	33						TOTAL CLAIMS								

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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